

Guidelines to assist in responding to attempted suicide or suicide by a student



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Introduction

Dealing with the tragic loss of a member of your community through suicide is one of the most difficult issues a school can face.

- Quote from a Principal

School leaders, counsellors, wellbeing staff and chaplains from all sectors need to share information and resources and work together to support the whole community.

- Quote from a Principal

A student's attempted suicide or suicide is a traumatic event for any school community.

This document is designed to assist school staff in responding to attempted suicide or suicide by a student and provides a checklist of the immediate and longer term steps that should be taken by school staff.

The guidelines should be seen as a resource which complements schools' efforts to promote positive mental health and that supports and reflects schools' critical incident management processes. The guidelines are supported by considerable information and a policy context that provides school support structures for vulnerable students.

The guidelines do acknowledge the risk of suicide contagion and so encourages the proactive sharing of appropriate information between schools (regardless of sector), regions, mental health agencies, local social services agencies, faith organizations and school communities.

The guidelines should be read in sequence and school leaders and emergency response teams should re-familiarise themselves with the information in the guidelines as soon as they are aware of a suicide or attempted suicide.

Relevant legislative and legal obligations have been highlighted in the following section.

Legal issues

Do not ignore student, parent or staff “rumours” about suicide. Do not ignore suicide notes/e-mails/messages sent to staff by students. Follow up both these situations immediately.

Duty of Care

The Principal and staff at the school have a duty of care to take such measures as are reasonable in the circumstances to protect the student from risks of injury that are reasonably foreseeable. Duty of care is non-delegable and may extend beyond school hours and outside the school grounds.

In the case of a student who has displayed suicidal ideation, reasonable steps may include the following:

- a risk assessment should be conducted by an experienced mental health practitioner
- an Individual Management Plan should be developed to monitor, assess, manage, support and review the mental health of the student who has displayed suicidal ideation
- liaise with other professionals who may be providing assistance to the student e.g. psychiatrist, psychologist, medical practitioner
- provide appropriate supports and referrals to other students and staff who may be adversely affected by the students display of suicidal ideation
- identify and manage any other students who may be at risk of suicidal ideation, attempted suicide or completed suicide
- conduct information sessions about mental health and wellbeing for the benefit of staff, students and the school community.

In the case of a student who has attempted suicide, reasonable steps may include the following:

- a risk assessment should be conducted by an experienced mental health practitioner
- an Individual Management Plan should be developed to monitor, assess, manage and review the mental health of the student who has attempted suicide
- provide appropriate supports and referrals to students and staff who may be adversely affected by the student who has attempted suicide
- identify and manage any other students who may be at risk of suicidal ideation, attempted suicide or completed suicide
- delivery of information sessions about mental health and suicide to staff, students and the school community.

In the case of a student who has completed suicide, reasonable steps may include the following:

- identify and manage any other students who may be at risk of suicidal ideation, attempted suicide or completed suicide
- provide appropriate supports and referrals are provided to students and staff who may be adversely affected by the suicide
- provide information sessions about mental health and suicide to staff, students and the school community.

Privacy: Personal and health information

The collection, use, disclosure and management of “personal information” is governed by the *Information Privacy Act 2000* (Vic) and the Information Privacy Principles contained within it. Personal information is defined as information or an opinion that is recorded in any form and whether true or not, about an individual whose identity is apparent, or can reasonably be ascertained, from the information or opinion, but does not include health information. Staff who are collecting, using, disclosing or managing the personal information of a student who has displayed suicidal ideation, attempted suicide, or completed suicide should comply with this Act and the Information Privacy Principles contained within it.

The collection, use, disclosure and management of “health information” is governed by the *Health Records Act 2001* (Vic) and the Health Privacy Principles contained within it. Health information is defined to include information or an opinion about the following:

- the physical, mental or psychological health of an individual
- a disability of an individual
- an individual’s expressed wishes about the future provision of health services
- a health service provided, or to be provided to an individual.

Staff who are collecting, using, disclosing or managing the health information of a student who has displayed suicidal ideation, attempted suicide, or completed suicide should comply with this Act and the Health Privacy Principles contained within it.

Anti-discrimination and equal opportunity

The *Equal Opportunity Act 2010* (Vic) and the *Disability Discrimination Act 1992* (Cth) make it unlawful for an educational authority to discriminate against a student on the basis of a disability such as total or partial loss of the person’s bodily or mental functions. Discrimination in this context means being treated unfairly and disadvantaged because of your disability. Schools are required to make reasonable adjustments for a person with a disability.

Human rights issues

The *Charter of Human Rights and Responsibilities Act 2006* (Vic) is a law that protects the human rights of all people in Victoria. Employees of the Department have legal responsibilities to ensure that their decision making is consistent with promoting and respecting rights in the Charter. Students have the following rights:

- to enjoy his/her human rights without discrimination
- to not to have his/her privacy unlawfully and arbitrarily interfered with
- to such protection as is in his/her best interest and is needed by him/her by reason of being a child.

In making a decision to infringe on any of these rights, it is important to be able to establish that the limitation or restriction is reasonable and demonstrably justified.



Section A: Immediate response

A: Immediate response

- if the attempted suicide, or suicide takes place at school
 - ensure no one is in immediate danger
 - administer First Aid
 - phone **000**
 - supervise students and move them away from the area
 - quarantine the site until police arrive.
- if the attempted suicide or suicide takes place outside school
 - establish the facts and circumstances as soon as possible by making reasonable enquiries with the parents/guardians, and the local police.
- in all cases:
 - ensure that affected staff and students are not left alone until they have been provided with some immediate assistance and support to cope with the initial emotional distress
 - the Principal should contact the regional office for assistance and support
 - the Principal should contact the DEECD Security Services Unit (SSU) on **(03) 9589 6266**
 - appropriate departmental staff should ensure that the parents/guardians/next of kin are provided with some immediate assistance to cope with the initial emotional distress
 - appropriate departmental staff should ensure that all affected staff, students and members of the school community are provided with some immediate assistance to cope with the initial emotional distress
 - document all information received and actions taken.

Important services and contacts

Ambulance: 000

Victorian Poisons Information Centre: 13 11 26

Safe retrieval and disposal of needles and syringes: 1300 365 482

Drug and Alcohol information: 1800 888 236

Section A:

Immediate Response

If the attempted suicide, or suicide, takes place at school, ensure the immediate safety of community members

- ensure no one is in immediate danger
- administer First Aid as necessary (avoid contact with blood or other body fluids by using protective gloves)
- call emergency services for medical advice, ambulance/police support: Phone **000**
- report incident to DEECD Security Services Unit (SSU): Phone **9589 6266**.

Provide the following information:

Who? The number and name of persons involved
Name of the person reporting the incident

What? The nature of the incident

When? The time when the reporting person became aware of the incident

Where? The location of the incident and contact phone numbers

- move witnesses to pre-established safe locations. They must be supported and supervised by staff/counsellors until police have taken statements or advised other actions.
- isolate the site from student or unauthorised staff access by using screens and blocking corridors etc. Do everything possible to protect others from viewing the site without disturbing the area that the police will need to inspect. Do not remove or disturb items from the site until police have concluded their work and advised that the area is no longer a secured area. In the case of a suicide the police will arrange for the body to be taken to the mortuary.
- depending on the means of the attempted or completed suicide, consider making changes to the environment or access to materials.
- if the student has attempted suicide but is physically unharmed, it is important that a risk assessment is undertaken by an experienced mental health practitioner. Contact the local Hospital Emergency Department or a local mental health agency for advice.

If the attempted suicide, or suicide, takes place outside school, find out the facts

- do not ignore student, parent or staff “rumours” about suicide. Do not ignore suicide notes/e-mails/messages sent to staff by students. Follow up both these situations immediately.
- if, after following up on notes or rumours, a student is found safe in the school, organise a school welfare staff member or a counsellor to meet with them straight away to assess their wellbeing and the background to the suicide concern. In most cases it will be essential to share this information with the student’s parents and refer the young person to a mental health provider if one is not already involved.
- if the student cannot be located at school, make contact with the family immediately. If the parents are unaware of the student’s whereabouts and safety, contact the police.
- suicide reports made by people other than direct family members should be verified through the police, hospital staff or, with extreme sensitivity, the family.

The loss of a young life is always tragic. The range of emotions and reactions to loss of life are unpredictable and the depth of grieving not always immediate.

- Quote from a Principal

If a suicide report is made or confirmed by the family

It is appropriate to seek the family's feelings straight away about informing the school community of the attempted or completed suicide. If the family asks for advice it is appropriate to discuss:

- these guidelines
- the damaging impact of misinformation
- the importance of parents discussing how best to support their own children's grief
- the option of only naming their son/daughter to their peer group and referring anonymously to their son/daughter with the rest of the school population.

Ensure that affected students, parents and staff are not left alone

Exposure to suicide or attempted suicide is a traumatic experience. Staff, students and parents immediately affected by a suicide or attempted suicide should not be left alone but should be comforted and supported by others until family members can take over that care. Safe and secure environments where this kind of crisis support can be provided to staff and students should be identified in the school's Emergency Management Plan (EMP).



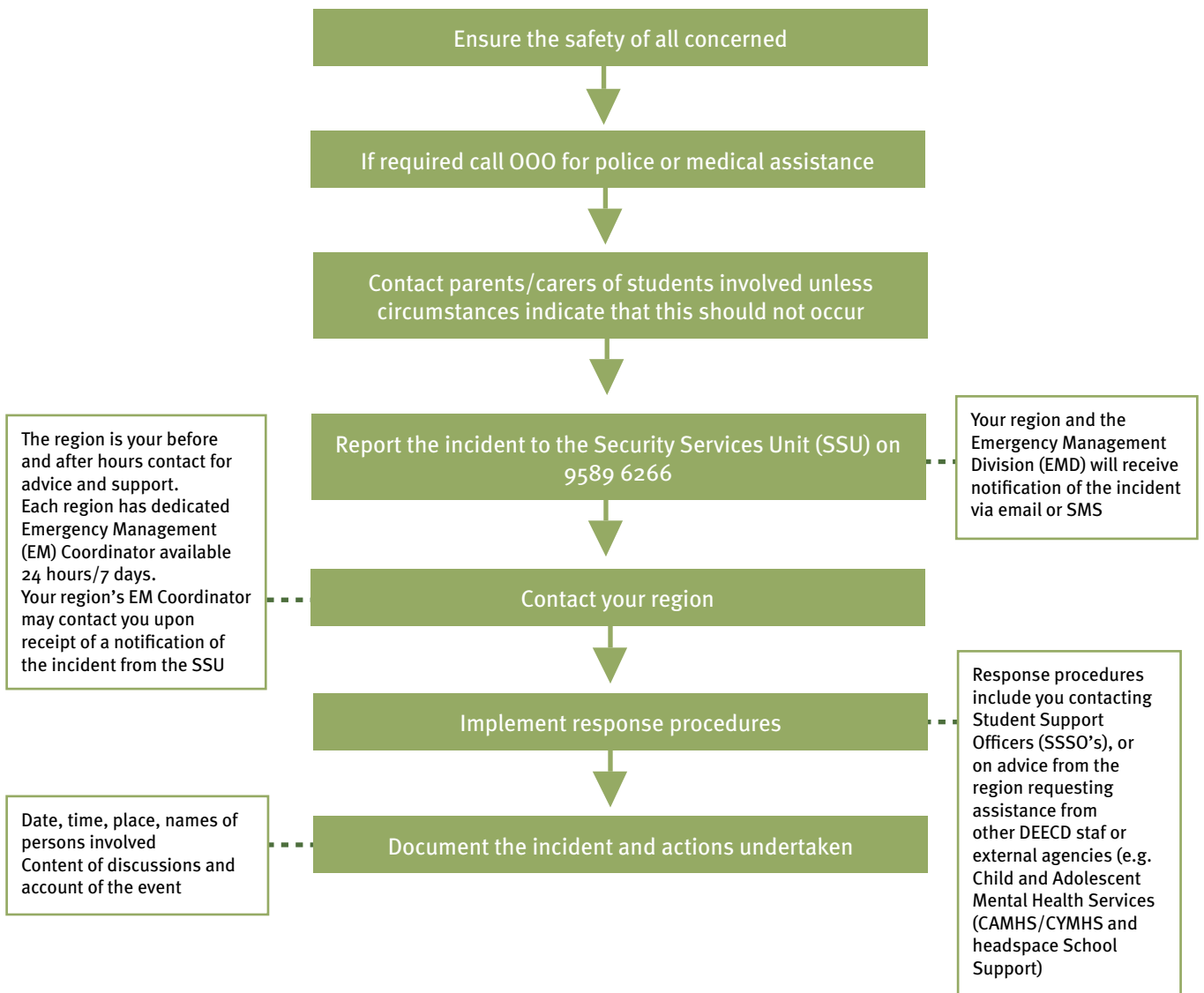
Section B: First 24 hours

B: In the first 24 Hours

- contact the parents/guardians to check their health and wellbeing and inquire whether there is anything that the Department can do to assist
- the school Principal convenes an Incident Management Team (IMT) and plans the following steps:
 - who will be responsible for providing information to the students and the school community
 - who will be responsible for the ongoing liaison with the parents/guardians
 - who will be responsible for the ongoing liaison with police, mental health professions and other third parties
 - who will be responsible for managing all incoming and outgoing information and communication (including sympathy cards, media interest)
 - identification and planning support for, and additional supervision of, students who are at risk or vulnerable
 - identification and planning support for any staff who may be affected by the suicide or at risk or vulnerable
 - preparation of the information and written communication to be provided to students, staff and the school community
 - identification of appropriate departmental staff for the school staff to approach for additional assistance and support as required
 - identification of appropriate departmental staff for the students to approach for additional assistance and support as required
- inform on-site staff of the suicide and the support and assistance available to staff including free counselling and assistance from the DEECD Employee Assistance Program (EAP) – Phone: **1800 337 068** – and explain the immediate plans for managing the situation. This is an opportunity to convey and seek relevant information
- provide staff with information on how to offer support, how to manage discussion about suicide, signs to watch out for and information on grief (samples and links provided in Section F), sources of support they can access for themselves and the option of not being involved in supporting students or discussing the incident with students if they feel this will risk their own wellbeing
- display relevant information about roles and special procedures in the staff room
- ensure all adults who will have contact with students in the following 24 hours are briefed: regular bus drivers, sports coaches, canteen staff, school support staff, Casual Relief Teachers, Out of School Hours Care staff, tutors etc.
- inform students of the suicide, via a prepared script, and in small groups rather than as a whole school community
- inform the wider school community via prepared letter (See Section G)
- Contact the Department’s Media Unit if assistance with media requests for information is required. The DEECD Media Unit can be contacted 24 hours, seven days a week. Phone: **9637 2871**
- consider the influence of social media sites
- consider the flexible timetable scheduling of classes and meetings.

Section B: First 24 hours

This flowchart has been prepared by the Department's Emergency Management Division as a guide for immediate contacts to be made in the first 24 hours following a critical incident



The school's response, recovery and postvention work will be helped if everyone is kept informed of the IMT's work, knowing who they need to speak to and about what.

Convene Incident Management Team (IMT)

After a suicide or attempted suicide many actions need to be coordinated in a very short space of time. However, unlike other kinds of emergencies, suicide postvention – the work undertaken to limit and prevent harm to the student and others – also needs to be sustained for a period of many months.

A team is essential to ensure that:

- the wellbeing of all members of the school community is monitored and protected
- all responsibilities are undertaken efficiently
- accurate and consistent advice is provided to students, staff and the school community
- no single member of staff assumes the full burden of responsibility.

The IMT should be composed of people chosen for their skills, credentials, and ability to work compassionately and effectively under pressure: ideally a combination of school staff (with some school leadership representation and members of the Wellbeing Team or Student Support Service Officers (SSSOs)), regional staff and external mental health professionals.

Mental health agencies

As a response plan is developed, regional staff will monitor the situation and involve external agencies as needed.

The immediate support of mental health professionals – e.g. psychiatrists, psychologists, mental health nurses and other health professionals working in specialised mental health settings – is invaluable in assisting school staff to manage its postvention responsibilities.

It allows the school to share some of the work of meeting the community's needs, and ensures expert advice is available to guide its actions. Mental health professionals will be able to work alongside the school staff in the following key areas:

- planning support for a student who has suicidal ideation or has attempted suicide
- helping meet the immediate counselling needs of affected students
- identifying other vulnerable students
- screening students at risk (e.g. undertaking Risk Assessments)
- taking referrals from families and staff
- providing information sessions as required for staff, students and the school community
- planning the management of significant occasions such as funerals, anniversaries, etc
- liaising with police, hospital personnel and the media where relevant.

Communication with staff, students and the community

Inform staff

Brief staff about:

- the facts of the situation including any parent wishes about what information they want to be shared/withheld
- recommend that staff immediately follow up all unauthorised/unexplained student absences
- the members of the IMT and their roles, particularly identifying the staff member to whom people should convey any new or relevant information they receive
- any changes to responsibilities or routines
- how phone enquiries are to be managed
- the importance of not asking students for information relating to the attempted suicide or suicide, but passing on what they are told or observe
- forwarding items of the deceased student's work to a nominated staff member (e.g. art work, assignments journals etc, so that these can be stored securely and passed on to the police or the family)
- the principles of postvention: to prevent further harm to others by identifying people at risk and by managing the school's responses so that attempted or completed suicide is neither glamorised or sensationalized.

Ask staff about:

- which students they consider will need particular support and which students are of concern
- what they know that may be relevant.

All staff briefings in the first 24 hour period should be used to both convey and seek information. This contributes to a sense of collegiality and shared responsibility which helps protect the wellbeing of staff.

Display relevant information about roles and special procedures in the staff room and ensure all adults who will have contact with students in the following 24 hours are briefed—regular bus drivers, sports coaches, canteen staff, school support staff, out of school hours care staff, tutors etc.

Counselling services for staff

The Department's Employee Assistance Program (EAP) provides confidential counselling for employees who may have personal or work related issues that are affecting their employment. The service is provided by Converge International. Employees can call Converge International directly on **1800 337 068** to make a counselling session appointment. Principals and managers can refer employees to the EAP for support at no cost to employees.

Principals and managers are able to access DEECD 'Manager Assist' on **1800 337 068** for management advice and support.

A directory of online or 'e-mental' health services and therapies for people who need help with depression and anxiety is available at:

www.beyondblue.org.au/ementalhealthdirectory

Do not provide details of the method of suicide or attempted suicide.

Informing students of a suicide

Friends closest to the student

Ideally, these students will have been spoken to individually, or in small groups, by a counsellor or a mental health professional. Depending on their responses arrangements should be made for them to be collected by their parents. No students affected by the news should be allowed to leave the school unaccompanied.

Students in the same year level

A modified statement should be provided to students in the same year level in recognition of their closer association with the student; their anticipated desire for more information; and a different need for support.

Students in the same class as a sibling

This group will need to be given additional assistance in understanding how to support their classmate once they return to school. It may be appropriate to have the counsellor or mental health professional speak to this group as well as the class teacher.

School community

The school community should be informed as soon as possible via a statement prepared by the IMT (see Section G). This is an important way to support those staff for whom the task of informing students is stressful. It also ensures that accurate and consistent information is provided to students as a way of countering the rumours and misinformation that inevitably arise in any crisis. This first statement should also promote the important notion of students looking out for each other.

The issue of naming the student is particularly sensitive and should not usually be disclosed to the whole school community. Do not provide details of the method of suicide or attempted suicide.

Home or pastoral groups, class groups or year level groups are the preferred environments in which to inform students. Whole school assemblies are not recommended because student reactions are more difficult to manage and it is harder to support individuals.

Schools should seek advice from their regional office if they are unsure about their communication responsibilities.

Informing students of an attempted suicide

Information that a particular student has attempted suicide is considered health information, and the use and disclosure of this information is governed by the *Health Records Act 2001* and the Health Privacy Principles (HPPs) contained within it.

Before disclosing such sensitive health information, it is important to take into account the wishes of the student, the wishes of his or her parents/guardians (if appropriate in the circumstances), your duty of care to take reasonable steps to prevent reasonably foreseeable injury to the individual student, and your obligations under the Act and the HPPs.

If a departmental employee determines that in the individual circumstances, it may be appropriate to inform students of an attempted suicide, he or she should obtain further advice and assistance from the region and central office prior to doing so.

If the school is informed of an attempted suicide that took place away from the school or the attempt occurred without other students being aware, there is a small possibility that the spread of information may be contained. If complete containment of information is a real possibility it should be discussed with the family as soon as possible. In such circumstances any communication with staff, students and parents will be on a “need to know” basis only. The student, the mental health professional, the family and the school representative must determine who will be included in a “need to know” group. The major consideration in this exercise is how many individuals need to be informed in order to keep the student safe and supported in the school environment.

Complete containment is likely to be a very rare situation and the IMT will need to have a secondary plan to follow if information about the suicide attempt begins to circulate across the school community.

If details of the attempted suicide are already known in the school population then all the advice that follows regarding communication within the school community should be carefully considered. Schools should seek advice from their regional office if they are unsure about their communication responsibilities.

The availability of instant social networks mean schools must now consider Facebook, Twitter, and Tumblr when communicating with students.

- Quote from a Principal

Media

Contact the Department's Media Unit if assistance with media requests for information is required. The DEECD Media Unit can be contacted 24 hours a day, seven days a week on **9637 2871**.

Any media interest in a suicide has the potential to hinder a school's future postvention work so planning to protect against this is important.

If you do provide a comment or are interviewed, the Department's policy is to acknowledge the tragedy and sadness of the incident not to divulge details.

Appropriate media reporting presents facts, includes discussion of depression and mental illness, provides information about help lines and community resources and publicises risk factors and warning signs.

Inappropriate media reporting tends to:

- give details of the method of suicide and suggest simplistic explanations for the suicide
- glorify or sensationalise the person and their suicide
- use photographs or suicide notes.

Social Media

Young people communicate with each other instantly and globally. Containing the spread of information about an attempted suicide or suicide is impossible. However schools can proactively influence what and how information is shared between students, parents and staff.

Strategies for doing this might include:

- overseeing the school's use of social media
- using social media to disseminate information and promote suicide prevention efforts, respond to rumours, and to provide information about mental illness and the supports available to those who may displaying symptoms, risk factors, and warning signs of mental illness, suicidal ideation etc.
- convening a small group of the deceased student's friends to work with the school's IMT to monitor social networking sites and other social media for
 - ▶ rumours
 - ▶ information about upcoming or impromptu gatherings
 - ▶ derogatory messages about the deceased
 - ▶ messages victimising or bullying current students
 - ▶ comments indicating students may be at risk or vulnerable.



Section C: 48-72 hours

C: In the first 48-72 Hours

School leadership to:

- ensure the school returns to its regular routine
- contact the parents/guardians and determine whether there is anything further that the Department can do to assist
- plan the school's involvement in the funeral if approval is given by the family
- arrange regular staff meetings to ensure they are provided with up to date information, allow for their feedback/observations
- monitor and assess students who have been identified as being at risk in collaboration with Student Support Service Officers (SSSOs) and mental health agency support with a view to preparing an Individual Management Plan (IMP) for any student who may require one
- maintain an appropriate level of communication with the rest of the school taking into account the instructions and wishes of the parents/guardians, appropriate departmental staff, and the Victoria Police
- consider offering the school community an information session with an appropriate mental health agency
- collect all of the deceased student's belongings and store in safe and secure place for collection by the police or the parents/guardians
- continue to document all information received and actions taken
- ensure the IMT meets regularly, and at least daily, to advise one another of developments and to plan any additional steps that may be required to manage the situation.

Section C: 48-72 hours

Following the suicide of a student, the return to regular daily routines and activities is important to the recovery of all affected members in the school community.

The anxiety of those most affected will continue to affect those around them – school staff, students, family members and the general community. They will have good and not so good days.

- Quote from a Principal

Restore school to regular routine and structure

As far as possible and appropriate, school timetables and routines should return to normal after three days or as soon as possible following the suicide of a student. The return to regular daily routines and activities is important to the recovery of all affected members in the school community.

Returning to normal routines does not mean that vigilance and awareness of student and staff wellbeing are lessened. This must continue for a number of months and longer for particular individuals.

Restoring a school to its regular routine may mean the school leadership needs to remind staff and students of its expectations of both groups.

Liaison with bereaved/affected family

The member of the IMT with this responsibility will have to use considerable discretion and sensitivity. There will be great variation in the accessibility of the family during this time and their capacity or willingness to communicate. This will be influenced by many factors including:

- the relationship already established between the family and staff at the school
- the family's cultural or religious practices in dealing with death or suicide
- the level of extended family or community support the family can draw on
- whether there are siblings attending the school.

Wherever possible, identify an extended family member or close family friend to act as a go-between if it is not possible to speak directly with a member of the immediate family.

The main aims of this early liaison are to:

- offer the condolences of the whole school community, where appropriate
- extend the offer of all forms of support and liaison available
- alert the family to anticipated or advised media contact
- determine the family's wishes regarding school representation at a funeral/ service
- meet the family's wishes regarding support arrangements for any siblings attending the school
- offer to keep them informed of relevant aspects of the school's future postvention plan and, if appropriate, issues that arise for students
- limit the number of times the family have to relay information about a traumatic event.

Coroners Court of Victoria: Family and community support service

Deaths by suicide, like all sudden or unexpected deaths, are reported to the Coroner to make a legal finding on the nature and cause of a death. The involvement of the Coroner's Court can lengthen timeframes, sometimes involving inquests or inquiries.

The Coroners Court in each state and territory has specialist counsellors who will contact the next of kin shortly after the completed suicide has been reported to the Coroner. The Coroners Court of Victoria Family and Community Support Service offers assistance to relatives and anyone else affected by the death and investigation, including:

- free short-term counselling and referral to other agencies for ongoing support
- support for individuals and families after exposure to a death occurring in traumatic circumstances
- assistance with understanding the court's processes
- advocating with letters of support; for example to employers and schools

The Coroners Court of Victoria can be contacted on **1300 309 519**. The website – <http://www.coronerscourt.vic.gov.au/utility/home/> – has a range of links to grief counselling services.

School involvement with the funeral

In order to support students and staff, the Principal should monitor who attends the funeral.

Attendance at a funeral should be limited to only close friends and staff and only after the wishes of the family have been sought. If the family consents to students attending the funeral, the parents of those students wishing to attend should be advised that they will be responsible for their children whilst attending the funeral.

Students and/or family members may wish to hold a memorial in the school. Generally memorials involving large numbers of students are not recommended. Later, staff may use assembly opportunities to acknowledge the grief felt by family and friends, particularly at the time of the funeral or an anniversary. It is critical that these acknowledgements are delivered and managed in such a way as to ensure that death by suicide is not glamorised for the student population.

Advise staff of relevant actions

Regular debriefs are designed to help create calm and restore order. Keeping each other informed and sharing the postvention responsibilities is a way of protecting staff and student wellbeing and demonstrating that a situation is being managed.

Staff should be debriefed regularly over the first week. The IMT's relevant actions should be outlined and, at each meeting, staff should be invited to share any information, concerns or observations which they consider to be of importance. The mental health representative on the IMT should attend some or all staff debriefs in the first week.

School staff need to be part of self-harm and suicide discussions with students, not removed from them. School staff can recognise and confront dangerous behaviour and suicidal ideation in young people.

- Quote from a Principal

Co-operation and sharing of expertise and resources between the schools and across school sectors is to be encouraged.

- Quote from a Principal

Regular topics for all staff daily incident reviews:

Students of concern

Staff should be:

- provided with a handout which describes what to look out for and respond to in student behaviour (See Appendix D).
- encouraged to discuss this information and ask questions about interpretation etc.
- directed to immediately pass on names of students to the IMT, Wellbeing Team and/or the Principal whom they are concerned so that appropriate actions can be taken to monitor the health and wellbeing of the individual student.

Activities of concern

Use staff to brainstorm all upcoming events or activities which might need to be altered or cancelled in view of the attempted suicide or suicide. Staff should think about:

- curriculum (e.g. projects, plays, research, novels that invite a focus on suicide)
- excursions or camps which may now be seen as inappropriate or too difficult to manage safely
- all the roles that a deceased student would have been playing in the near future (e.g. sporting, academic, community)
- events where a deceased student would be expected to be honoured, not to decide how to manage the situation immediately, rather to know what has to be planned.

Incident Management Team (IMT) actions

- what has been planned for funeral attendance
- the presence of additional personnel such as student support services or mental health professionals and their roles
- when staff can expect that a deceased student's name will be removed from the roll—this is easier for staff to cope with if it is anticipated rather than a surprise
- media involvement
- any new requirements (e.g. reporting absenteeism)
- collecting information for the documentation process.

Monitor students

In the first 24 hours, the closest friends and associates of the student and any students who witnessed the suicide or attempt suicide should be contacted and provided with immediate support.

The next steps – 48-72 hours – are to identify all of the students of concern and to develop response and support plans for each of them.

Although it is not possible to prevent every suicide, it is possible to recognise changes in behaviour and the existence of common crises that may precipitate suicidal behaviour. Knowledge of the warning signs and risk factors can assist school staff to intervene in the potentially destructive process in which a young person is enveloped and take action to alleviate it.

The law does not require you to predict and prevent every situation. Your duty is to take whatever steps you can to minimise how frequently this behaviour occurs and the risk of injury as a result.

1. Identify students who are at risk

This may include some or all of the following:

- siblings of the student who has attempted suicide or has committed suicide
- students who have a history of suicide attempt(s)
- any student experiencing depression/suicide ideation/self-harm, whether or not they have accessed mental health services for treatment
- students known to be struggling with grief or trauma related to other deaths, accidents, catastrophes, family breakdown or emotional, physical or sexual abuse.

2. Identify other students who may be profoundly affected by the death or suicide attempt, using staff, students, parents/guardians and the school community

This may include some or all of the following:

- friends or boyfriends/girlfriends who attend other schools
- friends/acquaintances who communicated with the student in some fashion in the last hours before the suicide or attempted suicide took place
- students who may have had negative communication with the deceased
- students who are expressing guilt about “messages” that they were given by the student but did not act on or share with an adult.

3. Identify other students of concern via referrals from staff, students or parents

- students and parents are encouraged to contact the school if they are worried about young people through the statements and notices provided by the school
- staff are also encouraged to provide information about students of concern so that they can be provided with appropriate supports.

School staff need to be caring listeners and observers. Their role is to refer rather than treat.

Only mental health professionals should assess students for suicide risk.

4. Develop response and support plans for all identified students, in collaboration with mental health professionals

These plans should include the following:

- an assessment of whether it is appropriate in the circumstances to make contact with the parents/guardians of the student taking into account the student's particular family circumstances, his/her age and level of maturity, the wishes of the student, and your obligations under the *Health Records Act 2001* and the HPPs contained within it
- contact with the student
- referral to a student support services officer for support
- referral to a mental health professional for a risk assessment, if appropriate
- a documented plan of the support to be provided to the student by the school, student support services, the family and if appropriate, a mental health professional.

Monitor staff wellbeing

Monitor staff wellbeing and respond when necessary at regular intervals. School staff should be encouraged to put their own wellbeing first and to ask for respite or a change of responsibilities if required. The school's return to a normal routine relies on a level of positive mental health in staff and this must be promoted and protected in transparent ways.

It is not uncommon for staff to experience levels of guilt about a student's attempted suicide or suicide. With hindsight it is possible to read signs in a student's behaviours that were not seen at the time. Debriefs are an opportunity to acknowledge this and to encourage staff to talk with appropriate professionals about their feelings.

In some circumstances, additional social workers in the school can help manage the load placed on existing staff responding to parent, staff and student needs.

Keep school community informed via notices

Ensure that parents/guardians and the school community are advised of any significant events or changes to the school's routine because of a suicide (or attempted suicide). In this early stage notices may address:

- funeral arrangements and consent requirements (if any)
- changes to previously planned activities or excursions and timetables
- availability of additional counselling services in the school
- changes to attendance, sign in/sign out procedures and planned building changes.

Protecting a deceased student's belongings for the police and family

The collection and protection of a student's belongings is an important act of respect for a grieving family and is critical to the work that police will undertake. It is vital that students don't unwittingly distress parents or compromise police work by taking their friend's belongings or distributing them to other friends. Any items can assume a precious status for family members or be significant to police/coronial work.

In the first instance, a staff member needs to secure, where possible by padlock, the deceased student's locker so that the contents remain intact. That staff member or the Principal should advise the attending police that the student's items, including pieces of work forwarded by staff, have been safely secured and where the items can be located for inspection/collection as is required in the circumstances.

Once the items have been cleared for release by police, a staff member should empty the student's locker (when students have been dismissed) and keep its contents together with the student's other belongings. An inventory should be made of these items and they should be stored securely in the school until collected by the family.

Schools need to be prepared for the grief that parents will be experiencing. Collecting a student's belongings protects the family from having to move around the school, perhaps in a distressed state, looking for items or emptying a locker in the presence of other students. An empty locker space is a particularly distressing "symbol" of a student death for close friends so it is appropriate to forewarn them when this is going to happen.



Section D:
During the first month

D: In the first month

School leadership to:

- monitor staff wellbeing and determine whether any further actions should be taken to support staff to manage the grief and trauma
- monitor student wellbeing and determine whether any further actions should be taken to support individual students, including whether any IMPs need to be reviewed or amended
- plan for relevant events to be held by the school (year book photographs, award nights, graduation)
- gather information from staff relevant for an operational debrief
- conduct an operational debrief
- continue to document all information received and actions undertaken.

Important services and contacts

DEECD Employee Assistance Program (EAP): 1800 337 068

DEECD Manager Assist: 1800 337 068

Grief and bereavement information and referral service: 1300 664 786

Young people and depression: beyondblue info line: 1300 22 4636

Young people helping themselves in tough times: <http://au.reachout.com/>

Suicide prevention in Australia: <http://suicidepreventionaust.org/>

headspace, the National Youth Mental Health Foundation helping young people going through a tough time: 1800 688 248 <http://www.headspace.org.au/>

Section D: During the first month

The impact of a suicide will continue for as long as there are students and staff in the school who were present at the time of the incident.

The suicide of a student, or an ex-student, will inevitably have an enormous impact on a school community but these incidents also affect the broader community so a coordinated community response can be required.

- Quote from a Principal

Monitor staff and student wellbeing

This conscious and deliberate process should continue to be a focus for the IMT. The impact of a suicide, more than an attempted suicide, will continue for as long as there are students and staff in the school who were present at the time of the incident. In the first month, the IMT should be looking for obvious signs of staff or student distress and responding to them in the ways outlined in Sections B and C and in partnership with mental health professionals.

The IMT may consider that the needs of staff and students and the impact on IMT members themselves warrants extra longer term support. The interim appointment of an additional, experienced school leader, which may need to be negotiated with your regional contacts, can provide invaluable support to a school managing suicide postvention. This is more likely to be needed if there is substantial media coverage, or the risk of suicide 'clusters' where the development a community plan for preventing and responding to suicide clusters is required (See Section E). An additional staff member can relieve school leaders of the day-to-day administrative responsibilities and allow them to devote their attention to specific postvention tasks.

The school should be aware that any other crises in the school community are likely to be felt more profoundly by those who have been affected by the attempted suicide or suicide. If further deaths, or attempts occur, many staff and students will return to their earlier levels of grief and require their earlier levels of support and monitoring.

Plan for school events of relevance

During the first month the IMT may need to make decisions about planned events or documents that would have involved or represented a deceased student. Examples are year books, graduation nights, and awards the student may already have been given. Schools can and should celebrate the deceased student's achievements in the normal way without fear that they are sensationalising the suicide. However, very careful liaison with the family is required and their wishes should be respected.

Each school community will approach these decisions differently but cultural and family sensitivity and awareness must guide their decisions.

Gather relevant information from staff for an operational debrief

Before the IMT conducts an operational debrief it is wise to allow all staff an opportunity to contribute their views on how the school community has managed the postvention responsibilities and their perceptions of the prevailing school culture that preceded the incident. Whilst an operational debrief will be essential following a suicide it may not be warranted following a suicide attempt; the school leadership will need to make a decision about the value of this.

The easiest way to collect candid staff opinion is to provide a written survey that can be completed anonymously if desired. A member of the IMT should collate the responses and provide them to all staff as well as those participating in the operational debrief.

Conduct an operational debrief

The purpose of an operational debrief is to ensure that ideas for improved emergency responses or school practices can be shared, considered and incorporated into school policy and planning. It is also an opportunity for the IMT to acknowledge the commitment and efforts of all members of the school community and the effectiveness of its actions. Participants in the review will vary but normally it will involve all members of the IMT and an appropriate person from the regional office.

Before the review, the IMT must collect and provide to all participants:

- data from the staff survey (see previous paragraph)
- a summary of the documented actions to date
- a reflection guide (See Appendix G).

Reviews are most effective when all participants:

- have had time to consider and reflect on the above material
- have organised their thoughts ahead of time
- can share their main ideas in a single uninterrupted response (i.e. one at a time)
- know their ideas will not be debated during the review
- believe that the review is an opportunity to refine and improve school processes and to acknowledge the achievements of the school community.

Using a reflection guide ensures all participants have an opportunity to contribute to the same topics at the review meeting. Participants can read pre-prepared notes if they wish. All contributions should be recorded, collated and used by the school leadership to determine agreed actions, persons responsible and processes for communicating the outcomes of the review to all members in the school community, including parents. An IMT may choose to use a facilitator for the review process.

Consider offering information sessions for the parent community

What parents need or want will vary hugely depending on the circumstances of an attempted or completed suicide. What is important is that the IMT continues to consider what parents may need and that they are responsive to the parent community.

The following are examples of what schools might offer parents under varying circumstances:

- general parent information sessions on recognising signs of suicide risk, depression and other mental illnesses, current research on building resilience, understanding grief and loss, supportive parenting etc.
- year level-based information sessions to address specific issues that may exist for that cohort of students (e.g. Year 12 students about to leave school or enter stressful exam periods).
- year level-based or general parent sessions to discuss the outcomes of the operational debrief.
- information sessions for targeted parents of an identified group of at risk students.



Section E: Suicide cluster

Suicide clusters

Schools are a high risk setting in which suicide clusters can occur.

A suicide 'cluster' can be defined as a group of suicides or acts of deliberate self-harm (or both), that occur closer together in time and space than would normally be expected on the basis of statistical prediction or community expectation.

Discussing suicide clusters and 'contagion' is likely to cause anxiety within a school and its broader community and so needs to be undertaken with great care. Sometimes the location and time period are coincidental and there is no clear link between those who have engaged in suicidal acts.

Developing a community plan for preventing and responding to suicide clusters

Best practice is for a school to develop a community plan as soon as its members recognise the risk of a 'cluster'. The community plan should be aligned with the suicide postvention program of the school/s involved and in many cases this will also require cross-sectoral school communication and collaboration. A plan will require three overlapping phases of action to prevent and respond to clusters:

- preparedness
- intervention/postvention
- follow-up

(See Appendix F for more details)



Section F: The longer term

F: In the longer term

- continue to monitor the wellbeing of staff and students
- continue to provide support to individual students and staff as required
- keep staff, students and the school community informed of any further developments
- plan for anniversaries, birthdays and significant events
- implement recommendations from the operational debrief
- inform new staff of the postvention plan during their induction
- review curriculum and school-based prevention and intervention programs to ensure that they are providing positive mental health and wellbeing messages
- consider professional learning opportunities for school staff in understanding the impact of good mental health and wellbeing on student learning and the use of effective coping skills to manage the complexities of life
- consider convening forums and events for students and the school community that foster optimistic thinking and a sense of connectedness with family, school and community.

Section F: The longer term

Teachers who look after themselves and manage their own stress levels are more equipped and able to manage students' behaviours and difficulties.

Continue support and monitoring of students and staff

Students

Specific attention should be given to identify students whose social support networks may change through:

- a holiday period
- an exam period
- leaving school (transition to work, further learning or a family move)
- change in family support due to separation, divorce, relocation or death.

Keep parents, staff and students informed

The reasons for regular and relevant communication with parents, staff and students are just as important in the long term as they are in the short term. Advice about anniversaries involving the deceased student, media coverage, or any other forms of potential stress will continue to help protect the wellbeing of the school community and reinforce a consistent and supportive approach from the IMT. Keeping people in the dark about possible stressful events is not protective. It increases people's vulnerability and risk of harm.

People's desire to see something positive emerge from a tragedy like suicide is very strong. The results and recommendations of the operational debrief can help the community achieve some of this sense of moving forward.

Plan for anniversaries and significant events

As with deaths from any cause, the anniversary of a death or the birthday of someone deceased are occasions that can take friends and family members back to their original levels of mourning. Being aware of and prepared for this possibility is a significant long term postvention responsibility.

Students may wish to do something to recognise different anniversaries. Staff should try to ascertain if this is the case and assist with the arrangements wherever possible. These occasions are best handled in very small groups, with parent knowledge/consent and where an adult can be close by if not actually present. Year level or large group memorials are discouraged.

A limited group of staff, students and parents should also be kept informed of any police processes, inquests and legal proceedings. These events have the potential to create high levels of stress and again schools need to be alert and responsive to their community's needs.

School staff cannot take sole responsibility for the safety of students with thoughts of suicide but staff do need to understand what they can do, and schools must have processes and contacts in place that will ensure staff can do what is best for their students, families, communities and themselves.

- Quote from a Principal

Implement recommendations from the operational debrief

At this stage, schools should begin to plan and implement any recommendations that were agreed to as part of the operational debrief. Seeing the results of the operational debrief being implemented helps people appreciate the positive work that the school community has undertaken.

Include the postvention plan in staff induction

All new staff (teaching and non-teaching) and volunteers to the school should be made aware of the school's postvention plan. In particular, teaching staff must be made familiar with relevant aspects of the school's support processes for identified students and be given very clear advice about the expectations of referral pathways.

The postvention plan should include the scheduled IMT meetings to be convened over subsequent years until the population of students complete their schooling.


Promotion of healthy recovery

In the longer term a school and its community affected by suicide or attempted suicide will be able to re-focus attention on teaching and learning and on its whole of school approach to promoting students' resilience and wellbeing.

This may take some time and it may require:

- reviewing curriculum and school-based programs to ensure that they provide positive mental health and wellbeing messages and ensuring that students understand the symptoms and risks of depression, anxiety, substance abuse, and conduct disorder
- considering professional learning opportunities for school staff to educate teachers and other school personnel about the symptoms of depression and the causes of suicidal behaviour in young people and to build their capacity to respond to the impact of trauma and critical incidents on student learning
- considering new ways to foster optimistic thinking and a sense of connectedness within the school community.

Considerable assistance is available for schools (including regional staff and specialised support for schools from agencies such as headspace School Support), school staff (including counselling services, professional development and online training through the Department) and, whilst school staff cannot take sole responsibility for the safety of students with thoughts of suicide, staff do need to understand what they can do, and schools must have processes and contacts in place that will ensure staff can do what is best for their students, families, communities and themselves.



Section G: Sample documents and advice for staff

G: Sample documents

- letters for parents
- memo/e-mail from central or regional office to school communities
- script for general student population
- information to assist staff in talking with students following an attempted or completed suicide
- parent letter with attachments

Section G: Sample documents and advice for staff

Memo/e-mail from central or regional office to school communities

Dear Principal

You and your school counsellors/senior leaders need to be aware that there may be some information circulating amongst students related to the (attempted) suicide today of a Year ... boy/girl in a north/south/east/west suburbs DEECD/Catholic/Independent school. The connections between young people are widespread and rapid and there is the chance that this incident may affect your community in some way.

Please consider the possible impact of this on vulnerable students you are currently supporting.

If you need any further information, please contact ...

A nominated IMT member must liaise with the family to ascertain their feelings about communication within the school community. Situations will vary and schools should seek support from their regional office about this important area of postvention responsibility.

Script for use by school staff to inform the general student population of the suicide of a student

Today/yesterday the school was given the very sad news that on ... one of our Year ... students died. The school community is thinking of the student, his/her family and his/her friends. Some students in our school, particularly his/her friends will find this news very difficult to understand and accept. Other students—not just close friends—are also likely to be upset perhaps because it reminds you of another sad event in your own life.

The student support service officers/school chaplain/primary welfare officer /student wellbeing coordinator/social worker/school counsellors will be available to assist individual students. A notice is going home today to inform your parents about the death.

If you need to leave school early, or you are absent from school, we request that you use existing school procedures to advise of your absence from school.

If you are approached by anyone asking for information about the student's death please tell them they should speak with Ms/Mr ...

We request that you be sensitive and respectful of other people's feelings during this difficult period. We also encourage you to look out for each other and report any concerns that you may have about a particular student to a teacher or parent.

If you have any questions about the information contained in this notice, please speak with ...

Information to assist staff in talking with students following an attempted or completed suicide

Student reactions will range from confusion, anger, aggression, withdrawal, fear, guilt, denial, blame, betrayal, abandonment, hurt, sadness, curiosity and indifference. Teachers can expect tears or silence from some and excitement from others. Any students who appear to be in real distress should be accompanied to the support room or offered the opportunity to contact their parents to be collected.

Discussing suicide should not be made into a prohibited topic. Students must be allowed to talk about the incident.

The first classes following the news should be conducted flexibly. Wherever possible, be guided by the students' need to talk, particularly if they are in the year level of the student concerned. The best way to do this is to set work for those who wish to resume normal lessons but allow others to speak quietly with each other or write in a journal, or simply sit and think.

Where appropriate, provide students with the following ideas during any discussions in the days that follow:

- there are always solutions to problems; there are always people to help and options to seek help

Beyondblue: 1300 22 4636 www.beyondblue.org.au

eheadspace: 1800 650 890 www.eheadspace.org.au

Ybblue: www.youthbeyondblue.com

- suicide takes away your chance to find solutions to problems
- problems are temporary, death is permanent
- people will help for as long as it takes to feel better
- no one is ever to blame when people attempt suicide or suicide
- suicide is never about just one thing
- tell an adult if you're worried about yourself or a friend.

These messages are important to get out as early as possible as some students are likely to feel inappropriately guilty or responsible for their friend's actions.

Discussing suicide should not be made into a prohibited topic. Students must be allowed to talk about the incident.

What if they want to talk about the method of suicide?

It is natural for this area of interest to be in students' minds and it is highly likely the information will eventually get out via young people's networks. However, always gently stop discussion about this when it occurs. If students find this difficult to accept, try to help them understand through the following ideas:

- discussing this very personal and upsetting aspect of a death is disrespectful to the feelings of the family and close friends
- discussion is likely to spread inaccuracies that may be harmful to others
- relatives and friends will want people to remember the good things about a young person's life
- discussing these details can be very distressing and harmful to other young people even if they do not know the student.

If appropriate, remind students that Student Support Service Officers (SSSOs) are available to talk with them in more detail and that some discussions are better held in a more private environment.

Provide:

- non-judgemental support
- an opportunity to tell the story, sometimes over and over again
- a safe and supportive environment
- opportunities for students to be listened to and heard
- opportunities for students to express their grief in their own way.

If a student turns to you for help, it's because they trust you. Show you care and give them time and attention. Bereaved people need compassion, recognition and validation of their experience.

However, don't take on the role of being a counsellor, make assessments or diagnose.

Don't do anything that makes you feel uncomfortable and if you feel out of your depth, don't deal with the situation alone.

Don't guarantee confidentiality to a student if you are concerned about their safety; instead tell them that you are concerned about them and that you will be referring them to wellbeing staff. If a student asks you not to disclose any information relating to their safety or another student's safety, you need to tell them that part of your job is to keep them safe and that you are therefore required to pass on your concerns to the appropriate people.

Parent letter: for use following the suicide of a student or following an attempted suicide accompanied by substantial media coverage, discussion of suicide clusters etc.

Dear Parent/Caregiver

I am writing to you with some sad news about a member of our school community.

One of our Year ... tragically died yesterday/today/Saturday/during the holidays.

Our thoughts and heart felt sympathy are with the student's family and friends.

Today and over the coming weeks, you may be concerned about the reactions of your son/daughter to this news. Many students will wish to talk with their parents, so I have attached some general information which may assist you in those conversations. I also encourage you to let your son/daughter know that you are aware of this incident and that you will listen to their concerns at any time they wish to share them. Staying connected and engaged with your son/daughter is one of the best ways to support them. When talking about the issue of suicide try to include discussion about positive ways of managing problems.

Two important messages to promote are that all of us should seek help from others when we feel down or vulnerable and that young people should tell an adult if they are worried about a friend or themselves expressing suicidal thoughts.

Our school will be concentrating on supporting our students and staff over the next months. This means, among other things, returning the school to normal routines as soon as possible and recognising that students can be affected by this event for many months to come. If your son/daughter is already using the services of a mental health professional, you should ensure this information is passed on to that professional. A list of helpful websites and services is included in the attachments to this letter.

Please feel free to contact (insert name) on (insert phone number) or (insert name) on (insert phone number) for further information or if you have any concerns about your son/daughter. Contacting the nominated staff is an important way of ensuring you receive consistent and accurate information and for us to be aware of all parent concerns.

Yours sincerely
Principal

The sample parent attachments are provided on the next two pages.

When talking with your children remember...

Each child's or adolescent's response will be unique and a wide range of reactions are possible.

Their reaction will be influenced by their personality, their past relationship with the deceased or injured person, what is happening in their life now and their ability to adjust to change. Your child, whatever age, needs to find safe ways to express their feelings. They may feel confusion, anger, aggression, withdrawal, fear, guilt, denial, blame, betrayal, abandonment, hurt and sadness. Parental understanding, reassurance and attention are very important at this time. Be guided by your child's need to talk but make it clear to them that you will be available whenever they need you.

Children and adolescents who have experienced other concerns or losses in their lives may find it harder to cope.

Children and adolescents who have experienced loss (e.g. separation/divorce of parents, death of a relative or pet, moving house/school) may find it harder to cope. They may become upset and need to express their feelings about these other concerns, even though they may have appeared to be coping before the event. If your child is already using the services of a psychologist or psychiatrist for wellbeing concerns, you should ensure they are made aware of this event.

Children and adolescents may have many questions. They may want to know exactly what happened.

The school will have provided your child/children with consistent information about the incident. Details about the way a suicide or attempted suicide occurred is not provided to students as this information is generally considered to be potentially harmful to students' wellbeing. As parents, it is important to steer discussion towards the positive "help seeking" actions young people can take, such as talking to a trusted adult (e.g. parent, counsellor, teacher, relative or friend), or using the agencies or websites listed in another attachment.

"Tell an adult if you are worried about a friend."

This is an important message to share with your child/children in any discussion about suicide. Children and adolescents sometimes share their feelings about death with friends: in conversations, letters, e-mails, text messages, on the internet, etc. If young people are aware of friends who they fear may hurt themselves they should tell an adult immediately. Nothing is more important than protecting a life.

Monitor the Internet and mobile communications tools

Following a suicide, students will be texting news about the death (both accurate and rumored), calling for impromptu gatherings (both safe and unsafe), creating online memorials (both moving and risky), and posting messages (both appropriate and hostile) about the deceased. This happens quickly and often to large numbers of people. You can proactively monitor, moderate and influence what and how information is shared between students.

Be aware that you or your child may be affected by possible media responses to the event.

You may decide to protect against certain coverage or watch television news coverage together so that you can discuss any reactions or concerns and ensure your son/daughter feels supported. Hopefully, media reporting of specific youth suicides will not occur. However, if it does, be aware that it can contribute to young people's vulnerability.

Some adolescents may show reactions weeks/months/a year after an event.

If you are concerned about your child's reactions—for example, if there are changes to their behaviour such as their socialising or school work patterns—it is important to speak to the Principal or the Student Support Services Officer at the school. This may result in a referral to one of the agencies listed in Attachment No.2.

Be aware that school staff will also be affected.

While everyone will be working towards normalising school routines, some staff will be managing difficult emotions. Adult counselling support is provided to all our school staff through a process outside the school.

Respond to community concern with respect.

If speaking with other members in the community, try to reinforce that the approach is to respect the bereaved/affected family, to avoid romanticising or sensationalising suicide and to encourage help seeking actions in young people, for their own wellbeing and when they have concerns about their friends.

Where can parents and young people get more information and help?

ARAFEMI Carer Helpline provides free, confidential information, support and referral for family, carers and friends of people with a mental illness. **1300 550 265**, 9am to 5pm weekdays www.arafemi.org.au/family-support/telephone-helpline.html

Area Mental Health Services (AMHS) triage provides mental health information, advice and referral. Each AMHS has a centralised triage number. www.health.vic.gov.au/mentalhealth/services

Australian Centre for Grief and Bereavement provides a range of education, counselling, research and clinical services for those working in and affected by experiences of grief and bereavement. **1800 642 066** www.grief.org.au

Beyondblue provides information about the signs and symptoms of depression, available treatments, how to get help and links to other relevant services and support groups. **1300 22 4636**, 24 hours/7 days www.beyondblue.org.au

Bush crisis line is a telephone support and debriefing service for multi-disciplinary remote and rural health practitioners and their families. **1800 805 391**, 24 hours/7 day

Child and Adolescent Mental Health Services (CAMHS)/Child and Youth Mental Health Services (CYMHS) offer assessment and treatment depending on clinical need (crisis; single session, specific assessments, ongoing case management, targeted intensive outreach case management, community based, sub-acute and acute mental health care). CAMHS are transitioning to CYMHS: 0-25 years. CAMHS/CYMHS are regionalised. www.health.vic.gov.au/mentalhealth/services/index.htm

The Compassionate Friends Victoria Inc. offers friendship and understanding to families following the death of a son or daughter, brother or sister. **9888 4944, 1800 641 091**, 24 hours/7 day www.compassionatefriendsvictoria.org.au

EPPIC State-wide is part of **Orygen Youth Health**, an early psychosis program operating in the western and north western suburbs of Melbourne. **9342 2800 AH: 1800 888 320**

Griefline provides confidential telephone counselling services to anyone in the community who may need support in order to express their feelings and experiences. **9935 7400**, 12noon to 3am/7 days www.griefline.org.au

Headroom is a youth website for informing young people, their caregivers and service providers about positive mental health. It includes information about mental health, strategies to help young people and links to other support services. www.headroom.net.au

eheadspace offers online and telephone mental health support to young people aged 12 to 25 and their families or friends. Young people can register at www.eheadspace.org.au or call **1800 650 890**. Webchat and telephone support is available from 9am to 1 am and e-mail is available 24 hours a day.

Kids Help Line 1800 55 1800 is a 24 hour telephone and online counselling service for young people from 5-25 years of age. www.kidshelpline.com.au

Lifeline is a 24 hour telephone counselling service providing access to crisis support, suicide prevention and mental health support services. **13 11 14** www.lifeline.org.au

Mind Health Connect provides information on mental health care, finding relevant support and resources to meet your needs. www.mindhealthconnect.org.au

OCD and Anxiety helpline provides assistance to callers to understand and manage symptoms of anxiety disorders and depression, and referral to community and health services. **1300 269 438** or **9830 0533** 10am to 4pm weekdays. www.arcvic.org.au/our-services/helpline

Parentline is a state-wide telephone counselling, information and referral for parents and carers with children from birth to eighteen years. **13 22 89**, 8am to midnight 7 days www.education.vic.gov.au/earlychildhood/parentline/

Reach Out! is a web-based service that encourages young people to help themselves through tough times. The aim of the service is to improve young people's mental health and wellbeing by providing support, information and referrals in a format designed for young people. <http://au.reachout.com>

SANE Australia provides information about mental illness treatments, symptoms, medications, where to go for support and help for carers. **1800 18 SANE (7263)** 9am to 5pm weekdays. www.sane.org/helpline/helpline-online

Suicide Callback provides crisis counselling to people at risk of suicide, carers for someone who is suicidal and those bereaved by suicide. **1300 659 467**, 24 hours/7 days www.suicidecallbackservice.org.au/

SuicideLine VIC provides specialist telephone counselling and information to anyone affected by suicide. **1300 651 25124** hours/7 days. www.suiceline.org.au

The Black Dog Institute is a not for profit organisation that offers specialist expertise in mood disorders (depression and bipolar disorder). <http://www.blackdoginstitute.org.au/>

Ybblue, the youth program of **beyondblue**, promotes the message that it's acceptable to talk about depression and encourages young people, their families and friends to look out for each other and to get help when it is needed. A set of youth fact sheets with information on a variety of topics, including how to recognise depression and how to talk about it, what services are available to help young people and how to help friends and family who may be going through a tough time can be downloaded from the site. www.youthbeyondblue.com



Section H: Definitions

Section H: Definitions

Attempted suicide

A non-fatal suicide gesture or act of self harm.

Completed suicide

The intentional act of taking one's own life.

Connectedness

A person's sense of belonging with others; a sense of connectedness can be with family, school or community.

Contagion

Contagion is the process where one person's suicide influences another person to engage in suicidal behaviour.

Counsellor

At present, anyone in Australia can call himself or herself a counsellor, therapist or psychotherapist. There are, however, credentialing bodies for counsellors, such as the Australian Body of Certified Counsellors and a range of professional organizations that offer standards, codes of practice, ethical guidelines and continuing education such as the Australian Psychological Society, the Psychotherapy and Counselling Federation of Australia and the Australian National Network of Counsellors.

Debriefing

A critical discussion held after an intense event or critical incident in which all aspects of the event are discussed and analyzed.

Department of Education and Early Childhood Development (DEECD)

The Department of Education and Early Childhood Development (DEECD) is responsible for the learning, development, health and wellbeing of all young Victorians, from birth to adulthood. <http://www.education.vic.gov.au/default.htm>

Depressed mood

A sad or unhappy mood state.

Depressive disorder

A constellation of emotional, cognitive and somatic signs and symptoms including sustained sad mood or lack of pleasure and defined according to standard diagnostic criteria.

Diagnosis

A decision based on the recognition of clinically relevant symptomatology, the consideration of causes that may exclude a diagnosis of another condition, and the application of clinical judgment.

Disability

Disability, in relation to a person, means:

- (a) total or partial loss of the person's bodily or mental functions; or
- (b) total or partial loss of a part of the body; or
- (c) the presence in the body of organisms causing disease or illness; or
- (d) the presence in the body of organisms capable of causing disease or illness; or
- (e) the malfunction, malformation or disfigurement of a part of the person's body; or
- (f) a disorder or malfunction that results in the person learning differently from a person without the disorder or malfunction; or
- (g) a disorder, illness or disease that affects a person's thought processes, perception of reality, emotions or judgment or that results in disturbed behaviour;

and includes a disability that:

- (h) presently exists; or
- (i) previously existed but no longer exists; or
- (j) may exist in the future (including because of a genetic predisposition to that disability); or
- (k) is imputed to a person.

Duty of care

School Staff – Principals and Teachers – are required to take such measures as reasonable in the circumstances to protect a student under their charge from a foreseeable risk. A 'foreseeable risk' is a risk that is not completely unexpected. Duty of care is embodied in several areas of legislation including the: *Education and Training Act 2006*, *Children's Service Act 1996*, *Children's Services Regulations 2009* and the *Emergency Management Act 1986*.

<http://www.education.vic.gov.au/management/governance/spag/safety/supervision/dutyofcare.htm>

Gatekeeper

A person who holds an influential position in either an organization or a community who coordinates or oversees the actions of others. This could be an informal local opinion leader or a specifically designated person, such as a primary-care provider, who coordinates patient care and provides referrals to specialists – and other medical services.

Grief

A deep mental anguish such as that arising from bereavement.

Health information

The *Health Records Act 2001* defines health information as:

- (a) information or an opinion about—
 - (i) the physical, mental or psychological health (at any time) of an individual; or
 - (ii) a disability (at any time) of an individual; or
 - (iii) an individual's expressed wishes about the future provision of health services to him or her; or
 - (iv) a health service provided, or to be provided, to an individual—
 - (a) that is also personal information; or
 - (b) other personal information collected to provide, or in providing, a health service; or
 - (c) other personal information about an individual collected in connection with the donation, or intended donation, by the individual of his or her body parts, organs or body substances; or
 - (d) other personal information that is genetic information about an individual in a form which is or could be predictive of the health (at any time) of the individual or of any of his or her descendants— but does not include health information, or a class of health information or health information contained in a class of documents, that is prescribed as exempt health information for the purposes of this Act generally or for the purposes of specified provisions of this Act.

Help-seeking

The process of an individual asking for help or support in order to cope with adverse life events or other difficult circumstances.

Internalizing problems

Anxiety, depression, somatic and mood disorders are the most common types of internalizing problems.

Mental disorder

A diagnosable illness that significantly interferes with an individual's cognitive, emotional or social abilities.

Mental health

A state of successful performance of mental function, resulting in productive activities, fulfilling relationships with people, and the ability to adapt to change and to cope with adversity.

Mental illness

Mental illness refers to all of the diagnosable mental disorders. Mental disorders are characterized by abnormalities in thinking, feelings, or behaviours.

Mental health problem

A situation in which a person experiences some disturbance or impairment of normal emotions and/or thinking.

Mental health professionals

Professionally trained people working specifically in mental health, such as social workers, occupational therapists, psychiatrists, psychologists and psychiatric nurses.

Mental health promotion

Action to maximise mental health and well being among populations and individuals.

Postvention

Postvention is the provision of crisis intervention, support to alleviate the distress of suicidally bereaved individuals; reducing the risk of imitative suicidal behaviour and the promotion of healthy recovery of the affected community.

Prevention

Interventions that occur before the initial onset of a disorder.

Protective factors

Capacities, qualities, environmental and personal resources that drive individuals towards growth, stability, and health.

Psychological First Aid

Psychological First Aid (PFA) is an approach for assisting individuals after an emergency or disaster. It is a supportive intervention used for children and adults for a brief period of time, generally during the hours, days and weeks after an emergency or disaster. PFA for teachers is about listening, protecting, connecting, modelling and teaching. See: *Psychological First Aid and Mental Health First Aid: A Guide for Teachers*.

Recovery

Recovery is the process of a gradual restoration of a satisfying, hopeful and meaningful way of life.

Resilience

Capacities within a person that promote positive outcomes, such as mental health and wellbeing, and provide protection from factors that might otherwise place that person at risk of adverse health outcomes. Factors that contribute to resilience include personal coping skills and strategies for dealing with adversity, such as problem-solving, good communication and social skills, optimistic thinking, and help-seeking.

Risk factors

Factors such as biological, psychological, social and cultural agents that are associated with suicide/suicide ideation. Risk factors can be defined as either distal (internal factors, such as genetic or neurochemical factors) or proximal (external factors, such as life events or the availability of lethal means - factors which can 'trigger' a suicide or suicidal behaviour).

Risk-taking behaviours

Risk taking behaviours are behaviours in which there is some risk of immediate or later self-harm. Risk-taking behaviours might include activities such as dangerous driving, train surfing, and self-harming substance use.

Self-harm

Non-suicidal self-injury: A form of intentional physical self-damage or self-harm that is not accompanied by suicidal intent or ideation.

Stressor

An event that occasions a stress response in a person.

Suicidal behaviour

Suicidal behaviour includes the spectrum of activities related to suicide and self-harm including suicidal thinking, self-harming behaviours not aimed at causing death and suicide attempts. Some writers also include deliberate recklessness and risk-taking behaviours as suicidal behaviours.

Suicidal ideation

Thoughts about attempting or completing suicide.

Suicide cluster

A suicide cluster can be defined as a group of suicides or acts of deliberate self-harm (or both), that occur closer together in time and space than would normally be expected on the basis of statistical prediction and/or community expectation. Schools, prisons, mental health facilities, Indigenous communities, and communities with previous experience of suicide or suicide clusters are indicated to be at higher risk of experiencing a suicide cluster. In Australia, suicide clusters have most commonly been documented in Indigenous communities and in young people.

Suicide prevention

Actions or initiatives to reduce the risk of suicide among populations or specific target groups.

Suicide

It is the intentional act of taking one's own life.

Suicide postvention

The 'provision of crisis intervention, support and assistance for those affected by a completed suicide'.

Traumatic events

A 'traumatic event' is any incident experienced by the person that is perceived to be traumatic. Common examples of traumas that affect individuals include accidents (such as traffic, car or physical accidents), assault (including physical or sexual assault, mugging or robbery, or family violence), and witnessing something terrible happen. Mass traumatic events include terrorist attacks, mass shootings, and severe weather events (hurricane, tsunami, forest and bush fire).

Universal Intervention

Interventions that target the whole of a population or populations. In suicide prevention, these include activities to reduce access to means of suicide, to reduce media coverage of suicide, or to create stronger and more supportive families, schools and communities.



Appendices

Appendix A: Short term: Return to school safety and support plan

Return to school checklist

This checklist is to be completed by a member of the school leadership team and can be used as a guide to re-engage a student safely and supportively after a complex health concern.

Duty of care, safety, and supervision	<ul style="list-style-type: none"> <input type="checkbox"/> convene student support group meeting to discuss this document and to fill in the student plan attached <input type="checkbox"/> identify possible safety issues with parents/guardians/and treating clinicians <input type="checkbox"/> discuss yard duty timetable and areas of safety and supervision <input type="checkbox"/> discuss the need for a staff member to check in with the student (daily, hourly) <input type="checkbox"/> has the school discussed with the treating clinician/family/allied health staff what may be considered safety concerns or triggers e.g. crowded spaces/noises etc. <input type="checkbox"/> have the relevant teachers been provided with professional advice and support of how to respond appropriately to the students return
Health and wellbeing needs and support	<ul style="list-style-type: none"> <input type="checkbox"/> contact the school SSSO to alert them to the students return and need for a safety plan and student support group meeting <input type="checkbox"/> identify a consistent school staff member to regularly contact clinician, family, CAMHS/CYMHS and other outside agencies <input type="checkbox"/> identify multiple staff members for the student to access if feeling unsafe <input type="checkbox"/> identify a peer that may be a support person if the student is feeling unsafe <input type="checkbox"/> identify a realistic timeline for the safety plan to be in place, discuss this with the student, family, treating clinician
Learning needs and support	<ul style="list-style-type: none"> <input type="checkbox"/> has a flexible timetable/class schedule been discussed with teachers <input type="checkbox"/> has a quiet space been identified with supervision if necessary <input type="checkbox"/> have teachers communicated extensions on assignments, homework, and exams based on the student's wellbeing <input type="checkbox"/> has a short term individual education plan been agreed to with student, parents, and workers based on the students health and wellbeing
Communication & information sharing	<ul style="list-style-type: none"> <input type="checkbox"/> has the school received a letter or phone call from the treating clinician/hospital <input type="checkbox"/> has the school received permission from parents and guardians to share information between the school and allied health staff <input type="checkbox"/> have the parents and student been reassured all information is kept confidential and only the most appropriate school staff are informed for the care and safety of the student <input type="checkbox"/> has a copy of the safety plan been placed on the student's file <input type="checkbox"/> if this is an ongoing concern has the school contacted the SSSO Manager or regional staff for advice <input type="checkbox"/> have the parents consented to sharing future dates and times for counselling/debriefing/support services and programs that may happen during school times <input type="checkbox"/> has the school recently updated the medical contact numbers and forms for the student <input type="checkbox"/> has the student's safety needs been expressed to appropriate supervising yard teachers <input type="checkbox"/> has a student support group meeting/conversation been planned for the completion of this short term safety plan

Short term: Student focused safety and support plan

This plan can support the student to identify strategies they would like to be put in place when returning to school after a complex health concern.

Student name _____

Date of birth _____

Year level _____

Date _____

Our School sees every student's health and wellbeing as a priority to learning. As a school we will be flexible around each student's needs to ensure you feel safe and cared for and this plan can help us achieve this together.

This school will ensure regular contact and communication to check in on a student's health and wellbeing.

Do you have a preferred strategy/person that you would like to do this?

Agreed contact (circle)

Every 2 hours

Every 4 hours

Daily

Period for which this will occur

Start date _____

End date _____

Review date _____

We understand a flexible timetable may be needed for a period of time. How would you like this to look?

Start date _____

End date _____

Review date _____

Activities, plans, and goals to assist my health and wellbeing at school

1. _____

2. _____

3. _____

People I can talk to if I'm not feeling safe or ok at school

1. _____

2. _____

3. _____

Their locations _____

Additional comments

Appendix B: Restoring wellbeing in the school community checklists

Restoring wellbeing of students

SHORT TERM checklist

- provide accurate information about suicide in a calm and straightforward way
- maintain school and family routine (return school timetable to normalcy as soon as possible)
- validate the experiences and emotions of students (listen and allocate time within class to discussing mental health and wellbeing issues: incorporate into normal curriculum)
- provide resources, time and a space for students in dealing with their experiences and emotions (allocate a quiet room within the school for a short period of time with a remembrance book; make a book available in the school office for several weeks in which students can write messages to the family, share memories of the deceased, or offer condolences; the book can then be presented to the family on behalf of the school community)
- provide opportunities to acknowledge the life of the deceased and the loss this means for those left (discuss positive memories)
- provide programs and activities that promote positive relationships between students (sessions on positive use of social media, encourage student-initiated support groups)
- discuss the type and timing of a memorialisation with the student's close friends (small year level or class remembrance ceremonies, a dance performance, poetry reading, or sporting event)
- promote help-seeking behaviour and ensure students know what support options exist.

LONG TERM checklist

- audit current curriculum and plan for the teaching of social and emotional health and wellbeing curriculum and develop and implement a curriculum focused on effective problem-solving (incorporate into every subject)
- establish a school-based mental health and wellbeing programs (educate students about the symptoms and risks of depression, anxiety, substance abuse etc.)
- establish student focus groups for improving the mental health and wellbeing of the school community
- work with student leadership groups/student council to establish lunchtime programs that promote connectedness and promote health and wellbeing
- encourage participation in local community groups (Scouts, Girl Guides, swimming classes), hold forums and events that promote positive mental health and wellbeing and resilience
- administer student surveys to map student attitudes to mental health and wellbeing issues (MindMatters)
- purchase books on mental health for the school library and make suggestions for purchases by the local library

Restoring wellbeing of parents and family

SHORT TERM checklist

- provide straightforward and factual information about the incident, mental health and wellbeing issues and strategies and approaches for dealing with difficult questions
- outline school policies on mental health and wellbeing (parent night)
- provide practical coping strategies (in the school newsletter) that encourage students to think about specific things they can do when intense emotions such as worry or sadness begin to overwhelm them
- provide regular brochures with advice and community mental health and wellbeing resources for both students and parents (understand loss and grief) and detail the school's policies on mental health and wellbeing (update the school website and provide internal school communications)
- provide strategies for self-care and help (take time for yourself, simple relaxation and distraction skills, exercise, counselling etc.)
- host small social events and school activities that build social cohesion and connectedness for the school community (Saturday school gardening and barbeque)
- arrange a symbolic event if required by the school community for acknowledgement and closure. Some communities establish a permanent memorial (sometimes physical, such as planting a tree or installing a bench or plaque) others establish something commemorative (such as a scholarship)
- communicate to parents and family that regular access to school staff is available if necessary.

LONG TERM checklist

- provide parent sessions on mental health and wellbeing issues regularly throughout the year
- host small social events and school activities that build social cohesion and connectedness for the school community (Saturday school gardening and barbeque)
- work with the school council and parent groups to implement long term actions and plans for communicating with parents (newsletters, forums etc.)
- administer parent surveys which solicit views on how the school can improve the mental health and wellbeing of the school community (MindMatters)
- provide web links to mental health and wellbeing resources and local services.

Restoring wellbeing of teachers and school staff

SHORT TERM checklist

- acknowledge the incident with colleagues, especially those who have had close contact with the deceased (morning tea for teachers of the student)
- arrange a briefing of school staff with a mental health professional – provide factual information on the incident, mental health issues and strategies and approaches for dealing with difficult questions (forum with a key note speaker)
- identify a support team and provide information on accessing Employee Assistance Program (EAP) or Manager Assist if necessary (provide contact information)
- monitor the reactions of staff and provide positive strategies for self-care and help (take time for yourself, simple relaxation and distraction skills, counselling etc. avoid unhealthy coping strategies)
- arrange lunchtime activities for relaxation (organise table tennis, massage, yoga etc.).

LONG TERM checklist

- allocate time to discussing mental health and wellbeing issues at all levels of the school community, considering existing school data, curriculum planning and policy development (draft an action plan)
- allocate appropriate time to planning of activities and resourcing of a school community experiencing complex emotions (ensure tasks and responsibilities are evenly distributed and that healthy a work/life balance is maintained)
- encourage capacity building through professional learning (provide information on opportunities and promote participation by staff)
- promote help-seeking behaviour
- administer staff surveys which solicit views on how the school deals with issues around the mental health and wellbeing of the school community (MindMatters)
- in the months following an incident, consider arranging a suicide awareness program to educate teachers and other school personnel about the symptoms of depression and the causes of suicidal behaviour in young people.

Restoring wellbeing in the school community

Checklist for school councils

- support the school leadership as necessary (solicit regular updates from the IMT and support team)
- be informed about school health and wellbeing (monitor and reflect on available school data)
- encourage active parent participation in the school community
- provide constructive suggestions for safe memorialisation, such as holding a day of community service or creating a school-based community service program in honour of the deceased, or putting together a team to participate in an awareness or fundraising event sponsored by one of the national mental health or suicide prevention organisations.

Restoring wellbeing in the school community action plan template

	Action/Strategy	Responsibility for Action	Timeframe/Due
Students	1.		
	2.		
	3.		
Parents and family	1.		
	2.		
	3.		
Teachers	1.		
	2.		
	3.		

Appendix C: Identifying students for referral guidance

The following checklist is to remind staff of the kinds of behaviours that should result in a referral to student support services, student wellbeing staff or an external mental health professional. It is important to remember that this work is about getting professional support to the small minority of students in the school who need it.

• changes in academic performance	Unexplained significant drop in subject performance, unexplained absences, loss of interest and commitment
• changes in relationships with others	Friendships are lost or broken, sport or other extracurricular commitments are dropped, chooses to be alone, engages in high risk behaviours with cars/drugs/alcohol/ weapons, misconduct
• changes in mood	Demonstrates intense unhappiness, hopelessness, increased anger, irritability, tearfulness, emotional instability
• grieving a significant loss	Death of a significant person through illness/accident/suicide, family break up, relationship break up
• expressing ideas of suicide/depression	Novel/film/video choice, personal writing, art work, conversation has a focus on suicide, death and depression Makes statements suggesting they have imagined being dead and the impact this will have on others
• physical changes	Headaches, extreme weight gain or loss, fatigue/exhaustion, sleeplessness, changes to hygiene and self-care standards

Appendix D: Documentation guide

Principals (or delegate) must keep written records of all discussions relating to the incident as close in time as possible to the event. These records should be in hard copy and placed in a separate file. The file must be labelled 'confidential' and held in a secure cabinet, preferably in the Principal's office with access limited to the Principal (or delegate). Alternatively the notes could be scanned as PDF documents and kept electronically.

These records should be clear and legible and include:

- date, time, place, name/s of persons involved (pre-event/immediately post event)
- content of the discussions and account of the event
- actions taken
- signature.

Notes should be limited to factual reports and should not contain judgements, views or opinions.

Records – circulars, letters, notices, minutes, personal notes, e-mails, reports, operational debrief notes and recommendations – may be subpoenaed for court hearings.

Actions taken:

By Students	By Parents	By Staff	By Other Agencies
Friends	Bereaved/affected	Counsellors	Victoria Police
General peers	General	Year level teachers	Mental health professionals
Other campus	Governing council	General	Other school sectors
Other schools	Targeted groups	Other campus	Media
Other sites	Sector office		

Appendix E: Operational debrief reflection guide

Note your thoughts and any ideas for improvement on the following topics:

1. Identification and support of students at risk of suicide

2. Staff and student understanding about what to do when they have concerns about young people's safety

3. Communication within the school

4. Communication with parents

5. Support for staff

6. Support for students

Note any additional concerns or ideas that have not been covered in your comments above and identify which takes priority.

Appendix F: Community plan

Community plan for the prevention and containment of a suicide cluster

Phase 1 - Preparedness:

Actions in this phase should ideally be undertaken prior to the onset of a cluster, but if this is not possible, then they should begin as soon as the risk is perceived.

Key steps	Considerations
Identify a lead agency or steering committee to develop and host the plan	This decision should be made on the basis of: <ul style="list-style-type: none">• organisational mandates and existing responsibilities• existing networks and relationships• cultural considerations and community access• availability of resources, particularly skilled and knowledgeable staff, and time.
Identify relevant, available contacts and resources	A community plan should include the names and contact details of individuals and organisations that can come together as a cluster response team. Roles in this team might include: <ul style="list-style-type: none">• coordinating the response• collecting and monitoring suicide data and information• providing information• identifying and supporting those at risk• follow-up, including longer term risk reduction programs.

Phase 2 - Intervention/postvention:

Actions in this phase should commence as soon as the community perceives it is experiencing a cluster or a potential cluster, or when more formal mechanisms indicate that a cluster is forming. There is no fixed duration for this phase; it should continue as long as the community perceives a heightened suicide risk.

Key steps	Considerations
Establish the facts	<p>A suicide and the possible onset of a cluster may be accompanied by significant rumour and suspicion, including that spread quickly through social media. A member of the cluster response team may need to check with a range of information sources to establish what is happening. For clusters outside of a single facility, information sources might include police, ambulance, hospital emergency departments, coroner's offices, Aboriginal health workers and clinics, and community health workers.</p> <p>It is important for details to be confirmed as soon as possible to enable tailoring of the response, and to ensure responsible, accurate public statements (if any) are made.</p>
Provide ongoing and accurate information	<p>The community plan should include identification of a designated media contact person to coordinate provision of a single, factual account of the situation and the response. Proactive engagement with the media may help ensure sensitive media reporting that encourages help seeking and doesn't increase the risk of further suicidal acts.</p>
Identify individuals, groups and areas of greater risk	<p>Assessing the risk of a cluster forming requires exploration of community, social, and environmental domains as well as individual circumstances.</p> <p>Mapping and screening processes can be used to identify individuals, groups, and areas of potentially elevated suicide risk. Informal processes of observation and the use of safe spaces for debriefing and providing information should also be considered.</p>
Respond to risks and immediate support needs	<p>The community plan will need to identify what services and support can be made available to support those affected by the suicidal act(s). The community should identify how to:</p> <ul style="list-style-type: none"> • provide immediate support to the bereaved, both for day-to-day practical needs and to assist them to cope with their grief • provide information, including about suicide risk, how to talk about suicide, and about available services • increase access to debriefing and counselling for those affected by, or involved in, responding to the crisis • establish support networks (e.g., people who can listen to others' concerns and monitor their level of risk), and ensure that people at risk are not left alone at critical times • organise group events to encourage a sense of identity and hope and to reduce individuals' isolation • reduce access to means of suicide, such as by placing barriers at sites used for jumping.

Phase 3 - Follow-up:

Actions in this phase relate to the longer term healing and risk reduction needs of a community.

Key steps	Considerations
Link to longer term suicide prevention work	<p>There is considerable value in linking the crisis response to a longer term program of suicide risk reduction and community recovery. The anniversaries of suicide deaths can bring to the surface a range of difficult emotions for family and friends. The community plan should consider promoting help-seeking and making additional services available at this time.</p>
Revise and update the community plan	<p>The experience of responding to a cluster will provide an opportunity to update and expand the contents of the community plan. Updating the plan may also allow the cluster response team to reflect on and debrief about the experience.</p> <p>The lead agency or steering committee can also consider establishing and maintaining systems for the ongoing monitoring of suicidal acts, and documenting and sharing the experience of responding to the cluster with others.</p>

School response checklist: Responding to a suicide by a student

Section identification for referencing guidelines

This school response checklist highlights the short term and longer term responses to a student's suicide. Schools follow clear protocols when managing emergency and critical incidents; this checklist is a supporting document.

A copy of the Guidelines to assist in responding to suicidal ideation, attempted suicide, or suicide by a student is available at <http://www.education.vic.gov.au/school/principals/health/Pages/studenthealth.aspx>

Section A: Immediate response	
IF THE INCIDENT HAPPENS AT SCHOOL:	IN ALL CASES:
<ul style="list-style-type: none"> <input type="checkbox"/> ensure no one is in immediate danger <input type="checkbox"/> administer First Aid <input type="checkbox"/> phone 000 <input type="checkbox"/> supervise affected students and move them away from the area <input type="checkbox"/> quarantine the site until police arrive 	<ul style="list-style-type: none"> <input type="checkbox"/> never leave affected students or staff alone, provide support <input type="checkbox"/> report the incident to DEECD Security Services Unit on (03) 9589 6266 <input type="checkbox"/> contact your Regional Office Emergency Management Coordinator <input type="checkbox"/> ensure parents, guardians, next of kin, staff, students and the broader school community have immediate assistance for emotional distress <input type="checkbox"/> document the incident and all actions undertaken
IF THE INCIDENT HAPPENS OUTSIDE SCHOOL:	
<ul style="list-style-type: none"> <input type="checkbox"/> establish the facts with the parents/carers and the local police 	

Section B: In the first 24 hours	
PRINCIPAL TO:	INCIDENT MANAGEMENT TEAM TO:
<ul style="list-style-type: none"> <input type="checkbox"/> contact parents/carers to ask if they need assistance <input type="checkbox"/> convene an Incident Management Team (IMT) <input type="checkbox"/> inform staff of the suicide or attempted suicide and the support available to them, including free counselling from Employee Assistance Program (EAP) <input type="checkbox"/> explain the immediate plans for the school to manage the situation <input type="checkbox"/> provide staff (including bus drivers, sports coaches, canteen staff) with information on how to manage discussions with, or offer support to, students <input type="checkbox"/> inform students of the suicide <input type="checkbox"/> inform the wider school community of the suicide as appropriate <input type="checkbox"/> consider flexible timetable scheduling of classes and meetings <input type="checkbox"/> consider the influence of social media sites 	<ul style="list-style-type: none"> <input type="checkbox"/> appoint person/s to be responsible for liaising with students, school community, parents/carers, police, mental health professions and other third parties <input type="checkbox"/> appoint person/s to be responsible for in-and-outgoing communication (e.g. sympathy cards, media interest) <input type="checkbox"/> identify and plan support for students (or staff) who are at risk or vulnerable <input type="checkbox"/> draft information to be provided to students, staff and the school community <input type="checkbox"/> identify school staff for students to approach for additional assistance and support if necessary <input type="checkbox"/> display important information about roles and protocols in the staff room

Section C: In the first 48-72 hours school leadership to

- ensure the school returns to its regular routine
- contact parents/carers to ask if they need assistance
- plan the school's involvement in the funeral if approval is given by the family
- arrange regular staff meetings to ensure staff are provided with up to date information, allow for staff feedback/observations
- maintain open communication within the school taking into account the wishes of the student's parents/carers and the requirements of others such as the Police
- monitor and assess students who are at risk or vulnerable in collaboration with Student Support Service Officers (SSSOs) and mental health experts
- consider hosting an information session for parents with an appropriate mental health agency
- collect the deceased student's belongings
- continue to document all information received and all actions undertaken
- ensure the IMT meets daily

Section D: During the first month school leadership to

- monitor staff wellbeing
- monitor student wellbeing and determine whether student Individual Management Plans need to be reviewed
- plan for any forthcoming school events that might be affected by the incident (award nights, graduation)
- conduct an operational debrief
- continue to document all information received and all actions undertaken

Section F: In the longer term school leadership to

- monitor the staff and student wellbeing and provide support to individual students and staff as required
- maintain open communication with staff, students and the school community regarding the incident and new information
- plan for anniversaries, birthdays and significant events
- review curriculum to ensure students are receiving positive mental health and wellbeing messages
- assess staff understand of the impact of good mental health and wellbeing on student learning and whether staff require professional learning opportunities
- consider hosting events for the school community that foster optimistic thinking, inclusion and a sense of connectedness with the broader school community
- advise new staff of postvention strategies implemented by the school

Important services and contacts:

Ambulance: **000**

Drug and Alcohol information:
1800 888 236

Safe retrieval and disposal of needles and syringes:
1300 365 482

Victorian Poisons Information Centre: **13 11 26**

DEECD Employee Assistance Program (EAP): **1800 337 068**

DEECD Media Unit, Communications Division: **9637 2871**

DEECD Security Services Unit (SSU): **9589 6266**

Beyondblue: **1300 22 4636**

CAMHS/CYMHS:
<http://www.health.vic.gov.au/mentalhealth/services/index>

Grief and bereavement information and referral service:
1300 664 786

Headspace: **1800 688 248** **<http://www.headspace.org.au/>**

Suicide prevention in Australia: **<http://suicidepreventionaust.org/>**

Reachout: **<http://au.reachout.com/>**